

**MIAMI-DADE COUNTY PARK AND RECREATION
DEPARTMENT ADA GRIEVANCE FORM**

Instructions: Fill form out as completely as possible, and mail back to Lucy Binhack,
Parks Disability Services Manager - e-mail to: Binhack@miamidade.gov

Today's Date:

Your Name:

Your Address:

Your Contact Information:

Reason for complaint/grievance: Please be as specific as possible including the
specific location, day, date, and time of day, name of individuals involved, why you
feel you have been discriminated against:

Your Signature:

Your complaint will be investigated and we will respond to you within fifteen business days.

If you would like to request this document in accessible format call 305-755-7848 or
E-mail: Binhack@miamidade.gov